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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH Facility ID Number: <u>0035188</u></p> <p>Facility Name: <u>Lexington Health Care Center-Bloomingtondale</u></p> <p>Address: <u>165 South Bloomingtondale Road</u> <u>Bloomingtondale</u> <u>60108</u> Number City Zip Code</p> <p>County: <u>Dupage</u></p> <p>Telephone Number: <u>(630) 980-8700</u> Fax # <u>(630) 980-6170</u></p> <p>IDPA ID Number: <u>363635151001</u></p> <p>Date of Initial License for Current Owners: <u>05/01/89</u></p> <p>Type of Ownership:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Charles J. Fischer</u> Telephone Number: <u>(312) 634-4580</u> Please send copies of desk review and audit adjustments to address on this page</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/05</u> to <u>12/31/05</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Date) _____</td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLI</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u></td> </tr> <tr> <td colspan="2"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Date) _____	Paid Preparer	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____		(Print Name and Title) _____		(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLI</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u>		(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u>	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	
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SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Lexington Health Care Center-Bloomington# 0035188 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>172</u>	Skilled (SNF)	<u>172</u>	<u>62,780</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>172</u>	TOTALS	<u>172</u>	<u>62,780</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>36,898</u>	<u>3,203</u>	<u>10,131</u>	<u>50,232</u>	8
9	SNF/PED					9
10	ICF	<u>3,672</u>	<u>1,992</u>		<u>5,664</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>40,570</u>	<u>5,195</u>	<u>10,131</u>	<u>55,896</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 89.03%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been
eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location

Date started 5/1/89

J. Was the facility purchased or leased after January 1, 1978?

YES ☐Date New constructionNO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 172 and days of care provided 7,677Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year YES ☒ NO ☐Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Lexington Health Care Center-Bloomington # 0035188 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	282,739	27,687	26,357	336,783		336,783		336,783		1
2	Food Purchase		230,453		230,453		230,453	(9,678)	220,775		2
3	Housekeeping	209,686	27,815		237,501		237,501	241	237,742		3
4	Laundry	69,740	16,901		86,641		86,641	(1,478)	85,163		4
5	Heat and Other Utilities			212,435	212,435		212,435	3,816	216,251		5
6	Maintenance	25,412		150,114	175,526		175,526	38,891	214,417		6
7	Other (specify):* Allocated Benefits							3,923	3,923		7
8	TOTAL General Services	587,577	302,856	388,906	1,279,339		1,279,339	35,715	1,315,054		8
	B. Health Care and Programs										
9	Medical Director			750	750		750		750		9
10	Nursing and Medical Records	2,594,515	204,817	295,869	3,095,201		3,095,201	67,378	3,162,579		10
10a	Therapy			771,707	771,707		771,707		771,707		10a
11	Activities	209,796	14,184	4,437	228,417		228,417		228,417		11
12	Social Services	65,966		4,920	70,886		70,886		70,886		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Allocated Benefits							7,494	7,494		15
16	TOTAL Health Care and Programs	2,870,277	219,001	1,077,683	4,166,961		4,166,961	74,872	4,241,833		16
	C. General Administration										
17	Administrative	119,693		803,986	923,679		923,679	(725,843)	197,836		17
18	Directors Fees										18
19	Professional Services			69,721	69,721		69,721	2,649	72,370		19
20	Dues, Fees, Subscriptions & Promotion			40,893	40,893		40,893	1,436	42,329		20
21	Clerical & General Office Expense	224,114	25,428	22,677	272,219		272,219	241,649	513,868		21
22	Employee Benefits & Payroll Taxes			500,291	500,291		500,291	9,678	509,969		22
23	Inservice Training & Education			4,553	4,553		4,553		4,553		23
24	Travel and Seminars			7,058	7,058		7,058	2,594	9,652		24
25	Other Admin. Staff Transportation			10,138	10,138		10,138	9,180	19,318		25
26	Insurance-Prop.Liab.Malpractice			152,480	152,480		152,480	3,209	155,689		26
27	Other (specify):* Allocated Benefits							34,486	34,486		27
28	TOTAL General Administration	343,807	25,428	1,611,797	1,981,032		1,981,032	(420,962)	1,560,070		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,801,661	547,285	3,078,386	7,427,332		7,427,332	(310,375)	7,116,957		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

STATE OF ILLINOIS

Page 4

Facility Name & ID Number Lexington Health Care Center-Bloomington #0035188 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			93,257	93,257		93,257	174,142	267,399			30
31	Amortization of Pre-Op. & Org											31
32	Interest			23,464	23,464		23,464	272,797	296,261			32
33	Real Estate Taxes							136,014	136,014			33
34	Rent-Facility & Grounds			1,093,757	1,093,757		1,093,757	(1,090,971)	2,786			34
35	Rent-Equipment & Vehicle			5,380	5,380		5,380	1,942	7,322			35
36	Other (specify): ³											36
37	TOTAL Ownership			1,215,858	1,215,858		1,215,858	(506,076)	709,782			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Center:		236,780	3,440	240,220		240,220		240,220			39
40	Barber and Beauty Shops			19,236	19,236		19,236		19,236			40
41	Coffee and Gift Shop:			1,516	1,516		1,516		1,516			41
42	Provider Participation Fee			94,170	94,170		94,170		94,170			42
43	Other (specify): ³ Nonallowable Cost			219,470	219,470		219,470	(219,470)				43
44	TOTAL Special Cost Centers		236,780	337,832	574,612		574,612	(219,470)	355,142			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,801,661	784,065	4,632,076	9,217,802		9,217,802	(1,035,921)	8,181,881			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See Schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7
 In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Room	(3,464)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients	(1,478)	4		8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(122)	32		10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(620)	43		13
14	Non-Care Related Interest	(56)	32		14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(300)	43		18
19	Entertainment				19
20	Contributions	(3,908)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt	(181,882)	43		24
25	Fund Raising, Advertising and Promotion	(10,382)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(8,143)	43		26
27	CNA Training for Non-Employee				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See attached Schedule A	131,304			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (79,051)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule	\$		31
32	Donated Goods-Attach Schedule			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(956,870)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (956,870)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,035,921)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport		x	\$		38
39						39
40	Gift and Coffee Shop		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Lexington Health Care Center of Bloomingdale, Inc.

Provider # 0035188

1/1/05 - 12/31/05

Schedule A

Schedule VI. Adjustment detail

Line 29, Other

<u>Description</u>	<u>Amount</u>	<u>Reference</u>
Nonallowable collections	(12,954)	19
Disallow out of period legal fees	(482)	19
Disallow trust fees	(50)	43
Unrealized gain resulting from interest rate swap	162,504	43
Disallow personal item replacement	(467)	43
Disallow radiology	(12,094)	43
Disallow laboratory	(5,153)	43
 Total	 <u><u>131,304</u></u>	

See Accountants' Compilation Report

STATE OF ILLINOIS

Page 5A

Lexington Health Care Center-Bloomington

ID# 0035188

Report Period Beginning: 01/01/05

Ending: 12/31/05

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
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36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Lexington Health Care Center-Bloomington# 0035188

Report Period Beginning:

01/01/05

Ending:

12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	241	0	0	0	0	0	0	0	0	241	3
4	Laundry	(1,478)	0	0	0	0	0	0	0	0	0	0	(1,478)	4
5	Heat and Other Utilities	0	0	3,816	0	0	0	0	0	0	0	0	3,816	5
6	Maintenance	0	0	38,891	0	0	0	0	0	0	0	0	38,891	6
7	Other (specify):*	0	0	3,923	0	0	0	0	0	0	0	0	3,923	7
8	TOTAL General Services	(1,478)	0	46,871	0	0	0	0	0	0	0	0	45,393	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	67,378	0	0	0	0	0	0	0	0	67,378	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	7,494	0	0	0	0	0	0	0	0	7,494	15
16	TOTAL Health Care and Programs	0	0	74,872	0	0	0	0	0	0	0	0	74,872	16
	C. General Administration													
17	Administrative	0	0	78,143	(803,986)	0	0	0	0	0	0	0	(725,843)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	118	15,967	0	0	0	0	0	0	0	0	16,085	19
20	Fees, Subscriptions & Promotions	0	0	1,436	0	0	0	0	0	0	0	0	1,436	20
21	Clerical & General Office Expenses	0	120	236,158	5,371	0	0	0	0	0	0	0	241,649	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	2,594	0	0	0	0	0	0	0	2,594	24
25	Other Admin. Staff Transportation	0	0	0	9,180	0	0	0	0	0	0	0	9,180	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	3,209	0	0	0	0	0	0	0	3,209	26
27	Other (specify):*	0	0	0	34,486	0	0	0	0	0	0	0	34,486	27
28	TOTAL General Administration	0	238	331,704	(749,146)	0	0	0	0	0	0	0	(417,204)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,478)	238	453,447	(749,146)	0	0	0	0	0	0	0	(296,939)	29

Facility Name & ID Number Lexington Health Care Center-Bloomington

0035188

Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See attached Schedule B		See attached Schedule B		Sambell of Bloomingdale Limited Partnership	Bloomington	Real estate ptsp.
				Royal Mgmt. Corp	Lombard	Mgmt. Co.
				Lexington Financial Services, L.L.C.	Lombard	Finance Co.

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental expense	\$ 1,093,757	Sambell of Bloomingdale Limited Partnership	**	\$	(1,093,757)	1
2	V	19 Professional fees		Sambell of Bloomingdale Limited Partnership	**	118	118	2
3	V	21 Office supplies		Sambell of Bloomingdale Limited Partnership	**	120	120	3
4	V	30 Depreciation		Sambell of Bloomingdale Limited Partnership	**	148,995	148,995	4
5	V	32 Interest expense		Sambell of Bloomingdale Limited Partnership	**	261,051	261,051	5
6	V	32 Amortization of mortgage cost:		Sambell of Bloomingdale Limited Partnership	**	4,631	4,631	6
7	V	33 Property taxes		Sambell of Bloomingdale Limited Partnership	**	133,757	133,757	7
8	V	43 State replacement tax		Sambell of Bloomingdale Limited Partnership	**	6,643	6,643	8
9	V	43 Penalties		Sambell of Bloomingdale Limited Partnership	**	300	300	9
10	V	43 Trust fees		Sambell of Bloomingdale Limited Partnership	**	50	50	10
11	V	43 Unrealized gain		Sambell of Bloomingdale Limited Partnership	**	(162,504)	(162,504)	11
12	V			** Certain owners of Lexington Health Care Center of Bloomingdale, Inc. own 100%				12
13	V			of Sambell of Bloomingdale Limited Partnership				13
14	Total		\$ 1,093,757			\$ 393,161	\$ * (700,596)	14

* Total must agree with the amount recorded on line 34 of Schedule VI

SEE ACCOUNTANTS' COMPILATION REPORT

Lexington Health Care Center of Bloomingdale, Inc.

Provider # 0035188

1/1/05 - 12/31/05

Schedule B

VII. Related Parties

Owners

<u>Name</u>	<u>Ownership %</u>
James Samatas Discretionary Trust	22.33%
John Samatas Discretionary Trust	22.33%
Cynthia Thiem Discretionary Trust	22.34%
Jeffrey J. Bell Revocable Trust	8.25%
Lawrence W. Bell Revocable Trust	8.25%
David S. Bell Revocable Trust	8.25%
David S. Bell 2001 Trust	2.75%
Jeffrey J. Bell 2001 Trust	2.75%
Lawrence W. Bell 2001 Trust	2.75%

VII. Related Parties

Related Nursing Homes

<u>Name of facility</u>	<u>City</u>
Lexington Health Care Center of Lombard, Inc.	Lombard
Lexington Health Care Center of Schaumburg, Inc.	Schaumburg
Lexington Health Care Center of Chicago Ridge, Inc.	Chicago Ridge
Lexington Health Care Center of Elmhurst, Inc.	Elmhurst
Lexington Health Care Center of LaGrange, Inc.	LaGrange
Lexington Health Care Center of Lake Zurich, Inc.	Lake Zurich
Lexington Health Care Center of Streamwood, Inc.	Streamwood
Lexington Health Care Center of Wheeling, Inc.	Wheeling
Lexington Health Care Center of Orland Park, Inc.	Orland Park

See Accountants' Compilation Report

Facility Name & ID Number Lexington Health Care Center-Bloomington

0035188

Report Period Beginning: 01/01/05

Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	3 Housekeeping supplies	\$	Royal Management Corp.	**	\$ 241	\$ 241
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	3,458	3,458
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	86	86
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	272	272
19	V	6 Management allocation - salarie		Royal Management Corp.	**	34,552	34,552
20	V	6 Repairs & maintenanc		Royal Management Corp.	**	4,244	4,244
21	V	6 Scavenger & exterminat		Royal Management Corp.	**	84	84
22	V	6 Security service		Royal Management Corp.	**	11	11
23	V	7 Management allocation - employee benefit		Royal Management Corp.	**	3,923	3,923
24	V	10 Medical consultant		Royal Management Corp.	**	1,377	1,377
25	V	10 Management allocation - salarie		Royal Management Corp.	**	66,001	66,001
26	V	15 Management allocation - employee benefit		Royal Management Corp.	**	7,494	7,494
27	V	17 Management allocation - salarie		Royal Management Corp.	**	78,143	78,143
28	V	19 Computer consultant & supplies		Royal Management Corp.	**	11,596	11,596
29	V	19 Professional fees		Royal Management Corp.	**	4,371	4,371
30	V	20 Dues & subscriptions		Royal Management Corp.	**	531	531
31	V	20 Licenses, permits & inspections		Royal Management Corp.	**	3	3
32	V	20 Advertising - help wanted		Royal Management Corp.	**	902	902
33	V	21 Management allocation - salarie		Royal Management Corp.	**	225,579	225,579
34	V	21 Bank charges		Royal Management Corp.	**	330	330
35	V	21 Office supplies & printing		Royal Management Corp.	**	7,463	7,463
36	V	21 Postage		Royal Management Corp.	**	2,786	2,786
37	V						
38	V	** Certain owners of Lexington Health Care Center of Bloomington, Inc. own 100% of Royal Management Corp.					
39	Total		\$			\$ 453,447	\$ * 453,447

* Total must agree with the amount recorded on line 34 of Schedule VI

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington Health Care Center-Bloomington

0035188

Report Period Beginning: 01/01/05

Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	21 Telephone	\$	Royal Management Corp.	**	\$ 5,371	\$ 5,371
16	V	24 Travel & seminar		Royal Management Corp.	**	2,594	2,594
17	V	25 Auto expense		Royal Management Corp.	**	9,180	9,180
18	V	26 Insurance genera		Royal Management Corp.	**	3,209	3,209
19	V	27 Management allocation - employee benefit		Royal Management Corp.	**	34,486	34,486
20	V	30 Depreciation - vehicles		Royal Management Corp.	**	3,344	3,344
21	V	30 Depreciation - leasehold improv		Royal Management Corp.	**	5,551	5,551
22	V	30 Depreciation - equipment		Royal Management Corp.	**	16,252	16,252
23	V	32 Interest		Royal Management Corp.	**	7,278	7,278
24	V	32 Amortization of mortgage cost		Royal Management Corp.	**	15	15
25	V	33 Property taxes		Royal Management Corp.	**	2,257	2,257
26	V	34 Rent expense		Royal Management Corp.	**	2,786	2,786
27	V	35 Equipment rental		Royal Management Corp.	**	1,942	1,942
28	V	17 Management fees	803,986	Royal Management Corp.	**		(803,986)
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V	** Certain owners of Lexington Health Care Center of Bloomington, Inc. own 100% of Royal Management Corp.					
39	Total		\$ 803,986			\$ 94,265	\$ * (709,721)

* Total must agree with the amount recorded on line 34 of Schedule VI

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 7

Facility Name & ID Number Lexington Health Care Center-Bloomington # 0035188 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	James Samatas	Owner/officer	Administrative	22.33%	See Schedule C	3.4	8%	Salary	\$ 26,689	L17, C7	1
2	John Samatas	Owner/officer	Admin/Plant Ops	22.33%	See Schedule C	3.4	8%	Salary	19,063	L17, C7	2
3	Cynthia Thiem	Owner/officer	Administrative	22.34%	See Schedule C	3.4	8%	Salary	19,063	L17, C7	3
4	Jason Samatas	VP of Operations	Administrative	0.00%	See Schedule C	3.4	8%	Salary	13,328	L17, C7	4
5	Daniel Thiem	Staff Accountant	Accounting	0.00%	See Schedule C	0.8	2%	Salary	1,252	L21, C7	5
6	Jeremy Samatas	Corporate Director	Quality Assurance	0.00%	See Schedule C	3.4	8%	Salary	6,534	L10, C7	6
7											7
8					All individuals worked in excess of 40 hours per week						8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 85,929		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington Health Care Center-Bloomington # 0035188 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Royal Management Corp.
 Street Address 665 W. North Avenue, Suite 500
 City / State / Zip Code Lombard, IL 60148
 Phone Number (630) 458-4700
 Fax Number (630) 458-4796

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	3	Housekeeping supplies	Bed Days	743,165	10	\$ 2,852	\$ 62,780	\$ 241	1
2	5	Utilities - gas & electric	Bed Days	743,165	10	40,939	62,780	3,458	2
3	5	Utilities - water & sewer	Bed Days	743,165	10	1,020	62,780	86	3
4	5	Utilities - maintenance office	Bed Days	743,165	10	3,218	62,780	272	4
5	6	Management allocation - salaries	Bed Days	743,165	10	409,014	409,014	34,552	5
6	6	Repairs & maintenance	Bed Days	743,165	10	50,234	62,780	4,244	6
7	6	Scavenger & exterminating	Bed Days	743,165	10	998	62,780	84	7
8	6	Security service	Bed Days	743,165	10	129	62,780	11	8
9	7	Management allocation - employees	Bed Days	743,165	10	46,441	62,780	3,923	9
10	10	Medical consultant	Bed Days	743,165	10	16,297	62,780	1,377	10
11	10	Management allocation - salaries	Bed Days	743,165	10	781,289	781,289	66,001	11
12	15	Management allocation - employees	Bed Days	743,165	10	88,711	62,780	7,494	12
13	17	Management allocation - salaries	Bed Days	743,165	10	925,033	925,033	78,143	13
14	19	Computer consultant & supplies	Bed Days	743,165	10	137,269	62,780	11,596	14
15	19	Professional fees	Bed Days	743,165	10	51,742	62,780	4,371	15
16	20	Dues & subscriptions	Bed Days	743,165	10	6,285	62,780	531	16
17	20	Licenses, permits & inspections	Bed Days	743,165	10	39	62,780	3	17
18	20	Advertising - help wanted	Bed Days	743,165	10	10,677	62,780	902	18
19	21	Management allocation - salaries	Bed Days	743,165	10	2,670,308	2,670,308	225,579	19
20	21	Bank charges	Bed Days	743,165	10	3,905	62,780	330	20
21	21	Office supplies & printing	Bed Days	743,165	10	88,340	62,780	7,463	21
22	21	Postage	Bed Days	743,165	10	32,985	62,780	2,786	22
23	21	Telephone	Bed Days	743,165	10	63,577	62,780	5,371	23
24	24	Travel and seminars	Bed Days	743,165	10	30,702	62,780	2,594	24
25	TOTALS					\$ 5,462,004	\$ 4,785,644	\$ 461,412	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington Health Care Center-Bloomington # 0035188 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Royal Management Corp.
 Street Address 665 W. North Avenue, Suite 500
 City / State / Zip Code Lombard, IL 60148
 Phone Number (630) 458-4700
 Fax Number (630) 458-4796

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	25	Auto expense	Bed Days	743,165	10	\$ 108,672	\$ 62,780	\$ 9,180	1
2	26	Insurance genera	Bed Days	743,165	10	37,986	62,780	3,209	2
3	27	Management allocation - employe	Bed Days	743,165	10	408,231	62,780	34,486	3
4	30	Depreciation - vehicles	Bed Days	743,165	10	39,587	62,780	3,344	4
5	30	Depreciation - leasehold improv	Bed Days	743,165	10	65,712	62,780	5,551	5
6	30	Depreciation - equipment	Bed Days	743,165	10	192,380	62,780	16,252	6
7	32	Interest	Bed Days	743,165	10	86,153	62,780	7,278	7
8	32	Amortization of mortgage cost	Bed Days	743,165	10	174	62,780	15	8
9	33	Property taxes	Bed Days	743,165	10	26,714	62,780	2,257	9
10	34	Rent expense	Bed Days	743,165	10	32,978	62,780	2,786	10
11	35	Equipment rental	Bed Days	743,165	10	22,992	62,780	1,942	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,021,579	\$		\$ 86,300	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Lexington Financial						\$						1
2	Services, L.L.C.	X		Mortgage	Varies	2/1/96	5,575,000	4,170,000	02/01/2026	Variable	261,051		2
3													3
4													4
5													5
	Working Capital												
6	Lasalle Bank N. A.		X	Working Capital	Varies	04/06/02	750,000	375,000	5/31/06	Prime	23,408		6
7													7
8													8
9	TOTAL Facility Related						\$ 6,325,000	\$ 4,545,000			\$ 284,459		9
	B. Non-Facility Related*												
10								Amortization of mortgage costs				4,631	10
11								Interest Income offset				(122)	11
12								Management company allocation				7,293	12
13													13
14	TOTAL Non-Facility Related						\$				\$ 11,802		14
15	TOTALS (line 9+line14)						\$ 6,325,000	\$ 4,545,000			\$ 296,261		15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number **Lexington Health Care Center-Bloomington**# **0035188** Report Period Beginning: **01/01/05** Ending: **12/31/05****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2004 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and t must accompany the cost report	\$	117,600	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		Allocated from management company	\$	2,257	
		2004	\$	111,257	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(4,086)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	140,100	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.			\$		
TOTAL REFUND \$		For	Tax Year.	(Attach a copy of the real estate tax appeal board's decision.)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru			\$	136,014	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2000	116,303	8
	2001	119,600	9
	2002	125,102	10
	2003	106,875	11
	2004	111,257	12

Est. 05 taxes payable 06:	135,879		
Est. tax with 3% increase:	139,955		
Use:	140,100		

FOR OHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2004	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington Health Care Center-Bloomington COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0035188

CONTACT PERSON REGARDING THIS REPORT Susan Rojek

TELEPHONE (630) 458-4700 FAX #: (630) 458-4795

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>02-15-401-003</u>	<u></u>	\$ <u>111,257.42</u>	\$ <u>111,257.42</u>
2. <u>Royal Management Corp. (Samvest of Lombard II)</u>	<u></u>	\$ <u></u>	\$ <u></u>
3. <u>05-01-202-019</u>	<u></u>	\$ <u>77,680.00</u>	\$ <u>2,257.00</u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u>188,937.42</u>	\$ <u>113,514.42</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington Health Care Center-Bloomington# 0035188 Report Period Beginning:

01/01/05 Ending:

12/31/05

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,554 B. General Construction Type: Exterior Concrete Block Frame Steel Number of Stories 1C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization ☒ (c) Rent equipment from Completely Unrelated Organization

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

NoneF. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO
If so, please complete the following:1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Resident Care</u>	<u>43,000</u>	<u>1987</u>	<u>\$ 402,548</u>	<u>1</u>
2	<u>Management Company allocation</u>			<u>13,578</u>	<u>2</u>
3	TOTALS			\$ 416,126	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington Health Care Center-Bloomington

0035188

Report Period Beginning:

01/01/05

Ending:

12/31/05

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	88		1989	1989	\$ 2,980,863	\$	35	\$ 85,195	\$ 85,195	\$ 1,419,867	4
5	9		1992	1992	178,974		35	5,114	5,114	71,591	5
6	75		1994	1994	2,022,894		35	57,797	57,797	664,665	6
7											7
8											8
Improvement Type**											
9		Capitalized repairs		1989	9,080		10			9,080	9
10		Building Improvements		1990	3,674		10			3,674	10
11		Building Improvements		1991	2,586		10			2,586	11
12		Building Improvements		1992	3,154		10			3,154	12
13		Building Improvements		1993	1,582		10			1,582	13
14		Building Improvements		1994	15,734		10			15,734	14
15		Land Improvements		1994	1,381		10			1,381	15
16		Land Improvements		1995	1,074		15	72	72	751	16
17		Building Improvements		1995	1,288		35	37	37	403	17
18		Building Improvements		1995	9,433	270	35	270		2,835	18
19		Building Improvements		1995	43,839	1,252	35	1,252		13,146	19
20		Concrete flooring, fire doors, tile, sprinkler heads,									20
21		and basement renovation		1996	8,706	298	10-35	298		2,834	21
22		Land Improvements - drain tile system		1996	7,858		15	524	524	4,977	22
23		Resident room heaters		1997	3,563	102	35	102		916	23
24		Automatic doors		1997	12,950	370	35	370		2,991	24
25		Basement renovation		1997	58,806	5,936	10	5,936		48,476	25
26		Land Improvement - outdoor flagpoles		1997	1,574	105	15	105		892	26
27		1st Floor Remodel (Nurses Station/Lounge)		1998	76,487	7,649	10	7,649		57,366	27
28		Wiring for MDS		1998	4,506	451	10	451		3,380	28
29		Flag Pole		1998	787	79	10	79		590	29
30		Resurface/Stripe Parking Lot		1998	9,777	978	10	978		7,333	30
31		Kitchen tile/paint		1999	718	72	10	72		467	31
32		1st Floor Remodel		1999	3,296	330	10	330		2,037	32
33		Roof repairs		2000	5,748	383	15	383		2,108	33
34		Sump pump		2000	2,534	253	10	253		1,394	34
35		Sump pump basin repair		2000	6,307	631	10	631		3,469	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Automatic door closers	2000	\$ 1,300	\$ 87	15	\$ 87		\$ 477	37
38	Infrared curtains for elevator door	2001	3,000	300	10	300		1,350	38
39	Ejector pump	2002	3,050	610	5	610		2,389	39
40	Lift station pump	2002	3,359	672	5	672		2,240	40
41	New asphalt parking lot	2003	16,450	1,645	10	1,645		3,564	41
42	Roof repairs	2003	2,900	290	10	290		604	42
43	Freezer/cooler repairs	2003	4,005	200	20	200		484	43
44	Kitchen remodel	2003	7,188	359	20	359		869	44
45	Painting/wallpaper/carpeting	2003	59,512	2,976	20	2,976		8,927	45
46	Floor tile	2003	16,305	815	20	815		2,446	46
47	Rehab-painting & decorating	2003	75,774	3,789	20	3,789		7,893	47
48	Rehab-floor tile	2003	8,117	406	20	406		846	48
49	Dining room remodel	2003	42,698	2,135	20	2,135		4,448	49
50	Foundation repair	2003	4,800	240	20	240		580	50
51	Parking lot	2004	24,550	2,455	10	2,455		3,478	51
52	Kitchen walk-in cooler floor	2004	7,161	716	10	716		955	52
53	Old Towne rehab	2004	13,967	698	20	698		873	53
54	Alzheimers remodel	2004	208,934	10,447	20	10,447		11,317	54
55	Landscaping	2005	8,815	73	20	73		73	55
56	Roof repairs	2005	3,250	27	20	27		27	56
57	HVAC upgrade	2005	7,048	117	20	117		117	57
58	Kitchen repair	2005	1,631	41	20	41		41	58
59	Lobby, reception and office rehabilitation	2005	19,900	1	20	1		1	59
60	Window treatments	2005	3,606	243	5	243		243	60
61	Lower level therapy rehabilitation	2005	7,167	358	20	358		358	61
62	Therapy room rehabilitation	2005	42,149	1	20	1		1	62
63	Alzheimers remodel	2005	35,986	300	20	300		300	63
64	Basement renovator	2005	14,176	1	20	1		1	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,125,971	\$ 49,161		\$ 197,900	\$ 148,739	\$ 2,404,581	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,125,971	\$ 49,161		\$ 197,900	\$ 148,739	\$ 2,404,581	1
2	Land improvements - management compan	2002	21,400		15	621	621	5,588	2
3	Building - management compan	2002	166,493		40	4,866	4,866	16,302	3
4	HVAC, electrical, security system - management compan	2003	1,650		30	44	44	271	4
5	Key card system - management compan	2004	259		20	17	17	18	5
6	VAV TX controls - management compan	2005	79		20	3	3	3	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,315,852	\$ 49,161		\$ 203,451	\$ 154,290	\$ 2,426,763	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Lexington Health Care Center-Bloomindal

0035188

Report Period Beginning:

01/01/05

Ending:

12/31/05

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instruction

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 396,508	\$ 41,395	\$ 41,651	\$ 256	5-10 years	\$ 186,217	71
72	Current Year Purchases	40,340	2,701	2,701		5 years	2,701	72
73	Fully Depreciated Assets	435,172					435,172	73
74	Allocated from Mgmt. Co.	165,620		16,252	16,252		83,448	74
75	TOTALS	\$ 1,037,640	\$ 44,096	\$ 60,604	\$ 16,508		\$ 707,538	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Allocated from Mgmt. Co.			36,917		3,344	3,344		26,411	79
80	TOTALS			\$ 36,917	\$	\$ 3,344	\$ 3,344		\$ 26,411	80

E. Summary of Care-Related Asset

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 7,806,535	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 93,257	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 267,399	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 174,142	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,160,712	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progres

	Description	Cost	
92	Transitional room	\$ 213	92
93	Therapy room	185	93
94			94
95		\$ 398	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column f

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	Allocated from management company				2,786			6
7	TOTAL				\$ 2,786			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease _____.

9. Option to Buy: ☐ YES ☐ NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 7,322

Description: Postage meter: \$179; Copier: \$4,648; Fax machine: \$553; Allocated from management company: \$1,942
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2006 \$ _____

13. /2007 \$ _____

14. /2008 \$ _____

* If there is an option to buy the building,
please provide complete details on attached
schedule.

** This amount plus any amortization of lease
expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wage (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefit.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefit.
- (c) For in-house training programs only. Do not include fringe benefit.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities:

\$ _____

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.

		1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
					1	Licensed Occupational Therapist	L10A, C3	hrs	\$	5,569	\$ 299,118
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		1,436	97,523			1,436	97,523	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	L10A, C3	hrs		5,708	373,696			5,708	373,696	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	L39, C2	# of prescripts				236,780			236,780	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program										12
13	Dentist Other (specify): Wound Therapy	L39, C3 L10A, C3				3,440 1,370				3,440 1,370	13
14	TOTAL			\$	12,713	\$ 775,147	\$ 236,780	12,713	\$ 1,011,927	14	

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 368,222	\$ 414,356	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 457,000)	1,188,744	1,188,744	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,136	20,136	6
7	Other Prepaid Expenses	25,065	25,065	7
8	Accounts Receivable (owners or related parties)		107	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,602,167	\$ 1,648,408	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	56,645	56,645	12
13	Land		416,126	13
14	Buildings, at Historical Cost		5,182,731	14
15	Leasehold Improvements, at Historical Cost	923,940	1,133,121	15
16	Equipment, at Historical Cost	508,448	1,074,557	16
17	Accumulated Depreciation (book methods)	(495,146)	(3,160,712)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (sp. Construction in progr	398	398	22
23	Other(specify): Unamortized Loan Costs		72,772	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 994,285	\$ 4,775,638	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,596,452	\$ 6,424,046	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 310,087	\$ 310,087	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	375,000	375,000	29
30	Accrued Salaries Payable	183,825	183,825	30
31	Accrued Taxes Payable (excluding real estate taxes)	7,200	7,200	31
32	Accrued Real Estate Taxes(Sch.IX-B)		140,100	32
33	Accrued Interest Payable		18,053	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See attached Schedule E	370,573	263,191	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,246,685	\$ 1,297,456	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,170,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	Interest Rate Swap		81,343	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 4,251,343	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,246,685	\$ 5,548,799	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,349,767	\$ 875,247	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,596,452	\$ 6,424,046	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

Lexington Health Care Center of Bloomingdale, Inc.

Provider # 0035188

1/1/05 - 12/31/05

Schedule E

XV. Balance Sheet

C. Current Liabilities

36. Other Current Liabilities

<u>Description</u>	After	
	<u>Operating</u>	<u>Consolidation</u>
Accrued PTP	90,671	90,671
Accrued Rent	107,382	
Accrued 401 (k) contribution	17,488	17,488
Due from related party	39,011	39,011
Other accrued expenses	116,021	116,021
	<hr/>	
Total line 36	370,573	263,191
	<hr/>	

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,440,477	1
2	Restatements (describe):		2
3	Post closing adjustments	137,339	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,577,816	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	659,612	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(887,661)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (228,049)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,349,767	24 *

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 19

Facility Name & ID Number Lexington Health Care Center-Bloomingtondale

0035188

Report Period Beginning: 01/01/05

Ending:

12/31/05

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached

Note: This schedule should show gross revenue and expenses. Do not net revenue against expenses

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 8,835,073	1
2	Discounts and Allowances for all Levels	(869,265)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,965,808	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,212,029	6
7	Oxygen	4,984	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,217,013	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursement		11
12	Gift and Coffee Shop	1,694	12
13	Barber and Beauty Care	23,605	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	14	15
16	Rental of Facility Space		16
17	Sale of Drugs	436,530	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory	26,672	19
20	Radiology and X-Ray	17,180	20
21	Other Medical Services	184,959	21
22	Laundry	1,478	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 692,132	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income**	122	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 122	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Investment Income	2,339	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,339	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,877,414	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,279,339	31
32	Health Care	4,166,961	32
33	General Administration	1,981,032	33
	B. Capital Expense		
34	Ownership	1,215,858	34
	C. Ancillary Expense		
35	Special Cost Centers	480,442	35
36	Provider Participation Fee	94,170	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,217,802	40
41	Income before Income Taxes (line 30 minus line 40)**	659,612	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 659,612	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.
This entity is a cash basis taxpayer.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

**** Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Lexington Health Care Center-Bloomington# 0035188Report Period Beginning: 01/01/05Ending: 12/31/05

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,013	2,232	\$ 106,810	\$ 47.85	1
2	Assistant Director of Nursing	2,013	2,148	68,780	32.02	2
3	Registered Nurses	37,666	41,188	1,245,273	30.23	3
4	Licensed Practical Nurses	902	1,023	21,681	21.19	4
5	CNAs & Orderlies	84,146	89,683	1,056,488	11.78	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,098	6,762	95,483	14.12	8
9	Activity Director	1,902	2,140	30,446	14.23	9
10	Activity Assistants	15,883	17,445	179,350	10.28	10
11	Social Service Worker	3,030	3,346	65,966	19.71	11
12	Dietician	1,353	1,551	21,165	13.65	12
13	Food Service Supervisor	1,786	2,255	35,721	15.84	13
14	Head Cook	1,887	2,165	26,818	12.39	14
15	Cook Helpers/Assistants	13,413	14,663	116,694	7.96	15
16	Dishwashers	11,152	12,159	82,341	6.77	16
17	Maintenance Worker	1,875	1,916	25,412	13.26	17
18	Housekeepers	25,972	28,459	209,686	7.37	18
19	Laundry	8,974	9,838	69,740	7.09	19
20	Administrator	2,271	2,271	119,693	52.70	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,884	13,873	224,114	16.15	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	235,220	255,117	\$ 3,801,661 *	\$ 14.90	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	561	\$ 26,357	L1, C3	35
36	Medical Director	9	750	L9, C3	36
37	Medical Records Consultant	16	880	L10, C3	37
38	Nurse Consultant	20	1,040	L10, C3	38
39	Pharmacist Consultant	Monthly	1,200	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	93	4,437	L11, C3	44
45	Social Service Consultant	94	4,920	L12, C3	45
46	Other(specify)				46
47	Rehabcare Consultant	Monthly	248	L10, C3	47
48	Project Development Consultant	24	1,222	L10, C3	48
49	TOTAL (lines 35 - 48)	817	\$ 41,054		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	5,006	\$ 235,282	L10, C3	50
51	Licensed Practical Nurses	494	19,498	L10, C3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	5,500	\$ 254,780		53

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount		
Patrick Scales	Administrator	0%	\$ 119,693	Workers' Compensation Insurance		\$ 65,443	IDPH License Fee		\$ 1,990		
				Unemployment Compensation Insurance		45,984	Advertising: Employee Recruitment		35,399		
				FICA Taxes		277,349	Health Care Worker Background Check (Indicate # of checks performed 100)		1,000		
				Employee Health Insurance		72,142	Miscellaneous Permits & Fees		1,984		
				Employee Meals		9,678	Miscellaneous Dues & Subscriptions		520		
				Illinois Municipal Retirement Fund (IMRF)*							
				401(k) contribution		13,578					
				Other employee benefits		21,010					
				Life insurance		4,785					
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)											
B. Administrative - Other											
Description			Amount								
Management fees (eliminated in column 7)			\$ 803,986				Allocated from management company		1,436		
							Less: Public Relations Expense		()		
							Non-allowable advertising		()		
							Yellow page advertising		()		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)							TOTAL (agree to Sch. V, line 20, col. 8)		\$ 42,329		
C. Professional Services							G. Schedule of Travel and Seminar**d				
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description		Amount		
Amalgamated Bank	Bond Consulting		\$ 441				Out-of-State Travel		\$		
Altschuler, Melvoin & Glasser LLP	Accounting		20,362	N/A							
American Express Tax & Bus. Svcs.	Accounting		5,620								
Katten, Muchin, Zavis, Rosenman	Legal		792				In-State Travel				
James Samatas	Legal		237								
Personnel Planners	U/C Consulting		1,380								
Freedman, Anselmo & Lindberg	Collections		34								
Sachnoff & Weaver	Legal		4,544				Seminar Expense		7,058		
Gilson, Labus & Silverman	Accounting		352								
Grabowski Law Center, LLC	Collections		8,080								
ING	401(k) Administration		675				Allocated from management company		2,594		
See attached Schedule F			27,204				Entertainment Expense		()		
TOTAL (agree to Schedule V, line 19, column 3). (If total legal fees exceed \$2500 attach copy of invoices.)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)		\$ 9,652		

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

****See instructions.**

Lexington Health Care Center of Bloomingdale, Inc.

Provider # 0035188

1/1/05 - 12/31/05

Schedule F

XIX. Support Schedules

C. Professional Services

Vendor/Payee

eHealth Solutions	Computer Consulting	2,200
Information Controls Inc.	Computer Consulting	866
Answers On Demand	Computer Consulting	2,633
Mcafee	Computer Consulting	88
Adminastar	Computer Consulting	366
Action Computer Service	Computer Consulting	324
National Datacare	Computer Consulting	2,402
XO Communications	Computer Consulting	2,190
Microsoft	Computer Consulting	3,882
Pamela Harshbarger	Public Aid Consultant	4,500
Global Care	CARF Consulting	565
RSM McGladrey	Accounting	800
Scott & Krause	Legal	959
Systematic Management Systems	Collections	4,840
Moody Investor Services	Financial Consulting	589
		<u>27,204</u>

Total, Agrees to Schedule V, Line 19, Column 3

69,721

Allocated from management co.

American Express Tax & Business Services	Accounting	284
Altschuler, Melvoin and Glasser LLP	Accounting	107
Account Temps	Accounting	884
Gene Whitehorn	Medicaid Billing Consultant	2,054
Personnel Planners	U/C Consulting	6
Gilson, Labus and Silverman	Accounting	180
James Samatas	Legal	23
Sachnoff and Weaver	Legal	105
Katten, Muchin, Zavis & Rosenman	Legal	15
ILIAC / Pension Administrators	401 (k) Administration	713
Various	Computer Consulting	11,596

Allocated from building partnership

James Samatas	Annual report	118
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Nonallowable legal fees

Grabowski Law Center, LLC	Collections	(8,080)
Freedman, Anselmo & Lindberg	Collections	(34)
Systematic Management Systems	Collections	(4,840)
Katten, Muchin, Zavis & Rosenman	Out of period legal fees	(482)

Total, Agrees to Schedule V, Line 19, Column 8

72,370

See accountants' compilation report

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
 (See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	5 Amount of Expense Amortized Per Year								
					6 FY2002	7 FY2003	8 FY2004	9 FY2005	10 FY2006	11 FY2007	12 FY2008	13 FY2009	14 FY2010
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2							N/A						
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington Health Care Center-Bloomingtondale

0035188

Report Period Beginning:

01/01/05

Ending:

12/31/05

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 42,284 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 94,170
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule for an individual employee? No If YES, attach an explanation of the allocation

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services if the patient census listed on page 2, Section B No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these function
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 9,678 Has any meal income been offset against related costs? No Indicate the amount \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel No
If YES, attach a complete explanation
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0%
d. Have vehicle usage logs been maintained Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fee

RECONCILIATION REPORT

11:44 AM 5/16/2006

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB- SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB- SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-1,035,921	equal to	-1,035,921	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	296,261	equal to	296,261	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	136,014	equal to	136,014	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	267,399	equal to	267,399	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	2,786	equal to	2,786	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	7,322	equal to	7,322	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	770,337	equal to	771,707	-1,370	FAILED	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	236,780	equal to	236,780	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,279,339	equal to	1,279,339	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	4,166,961	equal to	4,166,961	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Administration	1,981,032	equal to	1,981,032	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	1,215,858	equal to	1,215,858	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	480,442	equal to	480,442	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	94,170	equal to	94,170	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	2,499,032	equal to	2,594,515	-95,483	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	209,796	equal to	209,796	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	65,966	equal to	65,966	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	282,739	equal to	282,739	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	25,412	equal to	25,412	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	209,686	equal to	209,686	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	69,740	equal to	69,740	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	119,693	equal to	119,693	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	224,114	equal to	224,114	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	3,801,661	equal to	3,801,661	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	26,357	< or = to	26,357	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	750	< or = to	750	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	257,900	< or = to	295,869	-37,969	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	4,437	< or = to	4,437	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	4,920	< or = to	4,920	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	119,693	equal to	119,693	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	803,986	equal to	803,986	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	69,721	equal to	69,721	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	509,969	equal to	509,969	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	42,329	equal to	42,329	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	9,652	equal to	9,652	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particp. Fees	94,170	equal to	94,170	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	9,678	< or = to	9,678	0	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	9,678	equal to	9,678	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	7,677	equal to	10,131	-2,454	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-956,870	equal to	-956,870	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4	B.	14	8
Total loan balance	4,545,000	equal to	4,545,000	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	140,100	equal to	140,100	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	416,126	equal to	416,126	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	6,315,852	equal to	6,315,852	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	1,074,557	equal to	1,074,557	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	3,160,712	equal to	3,160,712	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	1,349,767	equal to	1,349,767	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	659,612	equal to	659,612	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..1	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	2,596,452	equal to	2,596,452	0	O.K.	Pg17 H41		25	1	Pg17 S41	N/A	48	1

Lexington Health Care Center-Bloomington
IDPA Comparative Data - Per Resident Day Cost
Year Ending 12/31/05

Enter your HSA # in next column
Census (Pulls from Page 2)

1

55,896

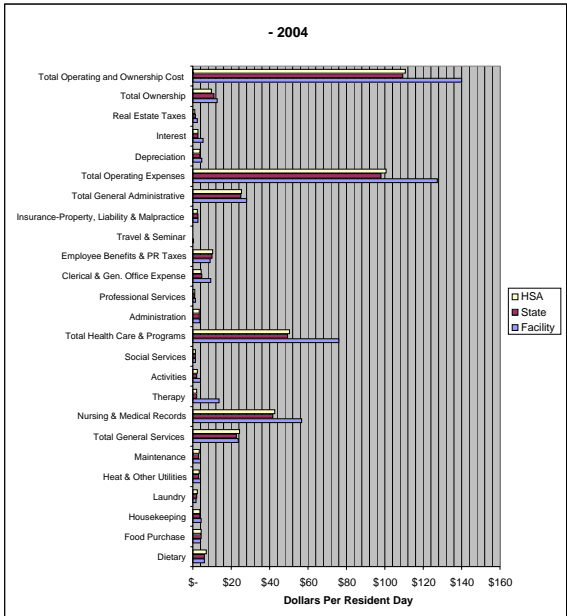
Cost Report Line	Description	Your Facility		Average Median Cost Per Day		IDPA LTC Profiles	LTC Median Per Diem Cost by HSA - 2003 Cost Reports 2003 (Run June 1, 2004)	UN-INFLATED	State-Wide	HSA										10th %	90th %
		State	HSA	HSA	HSA					HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA		
1	Dietary	6.03	6.01	7.02	1	Dietary	6.01	7.02	6.48	5.50	6.48	5.48	6.06	6.06	6.06	5.60	7.02	5.70	4.13	9.81	
2	Food Purchase	3.95	4.31	4.47	2	Food Purchase	4.31	4.47	4.40	4.27	4.40	3.99	4.31	4.31	4.31	4.28	4.47	4.11	3.36	6.04	
3	Housekeeping	4.25	3.70	3.59	3	Housekeeping	3.70	3.59	3.68	2.91	3.68	3.40	4.05	4.05	4.05	3.97	3.59	3.61	2.48	5.80	
4	Laundry	1.52	1.85	2.23	4	Laundry	1.85	2.23	1.90	1.79	1.90	2.10	1.59	1.59	1.59	1.69	2.23	2.13	0.91	3.14	
5	Heat & Other Utilities	3.87	2.95	3.17	5	Heat & Other Utilities	2.95	3.17	2.93	2.94	2.93	2.71	2.93	2.93	2.93	2.91	3.17	2.95	2.05	4.25	
6	Maintenance	3.84	3.01	3.26	6	Maintenance	3.01	3.26	3.03	2.99	3.03	2.55	3.21	3.21	3.21	3.05	3.26	2.82	1.92	5.12	
8	Total General Services	23.53	22.58	24.49	8	TOTAL GENERAL SERVICES	22.58	24.49	22.99	21.14	22.99	21.47	22.65	22.65	22.65	22.45	24.49	21.73	17.57	31.51	
10	Nursing & Medical Records	56.58	41.83	42.52	10	Nursing & Medical Records	41.83	42.52	43.12	38.37	43.12	33.78	45.12	45.12	45.12	47.22	42.52	42.15	27.25	64.47	
10A	Therapy	13.81	2.10	1.86	10A	Therapy	2.10	1.86	2.69	3.34	2.69	3.47	1.45	1.45	1.45	2.41	1.86	2.24	-	10.55	
11	Activities	4.09	1.91	2.18	11	Activities	1.91	2.18	1.92	1.61	1.92	1.48	2.16	2.16	2.16	2.05	2.18	1.54	1.06	3.45	
12	Social Services	1.27	1.42	1.45	12	Social Services	1.42	1.45	1.64	1.05	1.64	1.09	1.60	1.60	1.60	1.12	1.45	1.27	0.58	3.00	
16	Total Health Care & Programs	75.89	49.48	50.39	16	TOTAL HEALTH CARE & PROGRAMS	49.48	50.39	51.22	46.39	51.22	41.58	52.34	52.34	52.34	54.96	50.39	49.49	32.10	77.23	
17	Administration	3.54	3.36	3.33	17	Administration	3.33	3.15	3.15	3.15	3.60	3.46	3.46	3.46	3.46	3.04	3.33	1.71	7.21		
19	Professional Services	1.29	0.99	1.09	19	Professional Services	0.99	1.09	0.85	0.83	0.85	0.76	1.12	1.12	1.12	1.13	1.09	0.77	0.07	3.44	
21	Clerical & Gen. Office Expense	9.19	4.79	4.32	21	Clerical & Gen. Office Expense	4.32	4.79	3.98	4.97	3.46	5.56	5.56	5.56	5.56	5.04	4.32	4.25	2.49	10.78	
22	Employee Benefits & PR Taxes	9.12	10.09	10.42	22	Employee Benefits & PR Taxes	10.09	10.42	11.01	8.88	11.01	7.67	10.51	10.51	10.51	11.38	10.42	9.08	6.33	19.34	
24	Travel & Seminar	0.17	0.08	0.10	24	Travel & Seminar	0.08	0.10	0.13	0.10	0.13	0.13	0.06	0.06	0.06	0.05	0.10	0.07	-	0.43	
26	Insurance-Property, Liability & Malpractice	2.79	2.58	2.47	26	Insurance-Property, liability & Malpractice	2.47	2.55	2.35	2.55	2.22	2.85	2.85	2.85	2.85	2.19	2.47	2.61	0.88	4.32	
28	Total General Administrative	27.91	24.94	25.31	28	TOTAL GENERAL ADMINISTRATIVE	24.94	25.31	26.11	23.02	26.11	21.37	25.81	25.81	25.81	26.59	25.31	22.93	16.95	39.14	
29	Total Operating Expenses	127.32	98.06	100.77	29	TOTAL OPERATING EXPENSES	98.06	100.77	100.03	92.47	100.03	88.05	100.96	100.96	100.96	103.01	100.77	94.71	69.40	142.56	
30	Depreciation	4.78	3.70	3.82	30	Depreciation	3.70	3.82	4.08	3.29	4.08	2.54	4.11	4.11	4.11	3.54	3.82	3.38	1.01	8.43	
32	Interest	5.30	2.54	2.81	32	Interest	2.54	2.81	1.96	2.09	1.96	1.41	4.05	4.05	4.05	2.63	2.81	1.50	-	11.53	
33	Real Estate Taxes	2.43	1.38	0.92	33	Real Estate Taxes	1.38	0.92	1.08	0.82	1.08	0.80	3.20	3.20	3.20	1.36	0.92	1.11	-	4.85	
37	Total Ownership	12.70	11.11	9.73	37	TOTAL OWNERSHIP	11.11	9.73	9.80	8.00	9.80	7.04	14.54	14.54	14.54	11.02	9.73	8.39	3.76	23.58	
Total Operating and Ownership Cost						140.02	111.11	9.73	109.17	110.50	109.83	100.47	109.83	95.09	115.50	115.50	114.03	110.50	103.10	73.16	166.14

Notes:

Your Facility data is from page 3, column 8 of your 2005 Medicaid cost report, divided by your annual census.

The Average Median Cost Per Day for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.

Notes:
Your Facility data is from page 3, column 8 of your 2005 Medicaid cost report, divided by your annual census.
The Average Median Cost Per Day for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.

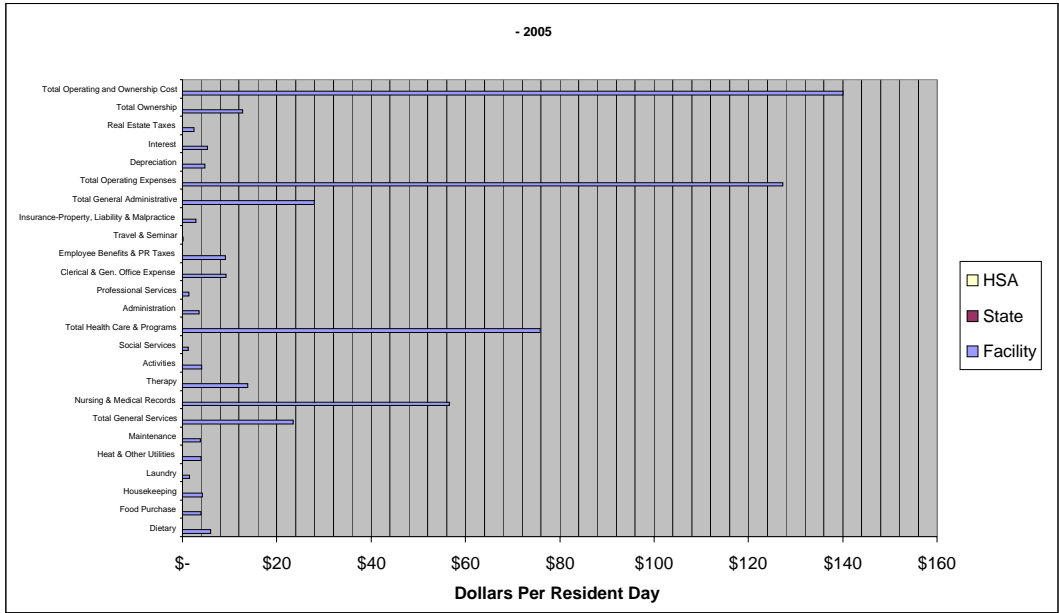


Cost Report Line	Description	2005 Per Diem Your Facility	2004 Median Cost Per Day		2004 Per Diem Your Facility	2004 Median Cost Per Day		2003 Per Diem Your Facility	2003 Median Cost Per Day		2002 Per Diem Your Facility	2002 Median Cost Per Day	
			State	HSA		State	HSA		State	HSA		State	HSA
1	Dietary	6.03	-	-	#DIV/0!	-	-	#DIV/0!	6.10	5.70	#DIV/0!	6.01	5.60
2	Food Purchase	3.95	-	-	#DIV/0!	-	-	#DIV/0!	4.31	4.11	#DIV/0!	4.27	4.09
3	Housekeeping	4.25	-	-	#DIV/0!	-	-	#DIV/0!	3.70	3.61	#DIV/0!	3.65	3.48
4	Laundry	1.52	-	-	#DIV/0!	-	-	#DIV/0!	1.85	2.13	#DIV/0!	1.90	2.23
5	Heat & Other Utilities	3.87	-	-	#DIV/0!	-	-	#DIV/0!	2.95	2.95	#DIV/0!	2.71	2.73
6	Maintenance	3.84	-	-	#DIV/0!	-	-	#DIV/0!	3.01	2.82	#DIV/0!	2.99	2.92
8	Total General Services	23.53	-	-	#DIV/0!	-	-	#DIV/0!	22.58	21.73	#DIV/0!	22.09	22.04
10	Nursing & Medical Records	56.58	-	-	#DIV/0!	-	-	#DIV/0!	41.83	42.15	#DIV/0!	40.68	41.16
10A	Therapy	13.81	-	-	#DIV/0!	-	-	#DIV/0!	2.10	2.24	#DIV/0!	1.85	2.27
11	Activities	4.09	-	-	#DIV/0!	-	-	#DIV/0!	1.91	1.54	#DIV/0!	1.88	1.60
12	Social Services	1.27	-	-	#DIV/0!	-	-	#DIV/0!	1.42	1.27	#DIV/0!	1.44	1.32
16	Total Health Care & Programs	75.89	-	-	#DIV/0!	-	-	#DIV/0!	49.48	49.49	#DIV/0!	47.55	47.76
17	Administration	3.54	-	-	#DIV/0!	-	-	#DIV/0!	3.36	3.17	#DIV/0!	3.39	3.54
19	Professional Services	1.29	-	-	#DIV/0!	-	-	#DIV/0!	0.99	0.77	#DIV/0!	0.98	0.72
21	Clerical & Gen. Office Expense	9.19	-	-	#DIV/0!	-	-	#DIV/0!	4.79	4.25	#DIV/0!	4.58	4.31
22	Employee Benefits & PR Taxes	9.12	-	-	#DIV/0!	-	-	#DIV/0!	10.09	9.08	#DIV/0!	9.63	8.44
24	Travel & Seminar	0.17	-	-	#DIV/0!	-	-	#DIV/0!	0.08	0.07	#DIV/0!	0.09	0.09
26	Insurance-Property, Liability & Malpractice	2.79	-	-	#DIV/0!	-	-	#DIV/0!	2.58	2.61	#DIV/0!	2.19	2.03
28	Total General Administrative	27.91	-	-	#DIV/0!	-	-	#DIV/0!	24.94	22.93	#DIV/0!	23.47	21.93
29	Total Operating Expenses	127.32	-	-	#DIV/0!	-	-	#DIV/0!	98.06	94.71	#DIV/0!	94.39	91.33
30	Depreciation	4.78	-	-	#DIV/0!	-	-	#DIV/0!	3.70	3.38	#DIV/0!	3.53	3.04
32	Interest	5.30	-	-	#DIV/0!	-	-	#DIV/0!	2.54	1.50	#DIV/0!	2.73	1.54
33	Real Estate Taxes	2.43	-	-	#DIV/0!	-	-	#DIV/0!	1.38	1.11	#DIV/0!	1.30	1.03
37	Total Ownership	12.70	-	-	#DIV/0!	-	-	#DIV/0!	11.11	8.39	#DIV/0!	11.44	10.00
	Total Operating and Ownership Cost	140.02	-	-	#DIV/0!	-	-	#DIV/0!	103.10	103.10	#DIV/0!	105.83	101.30

Notes:

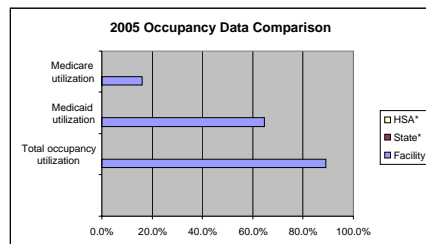
Your Facility data is from page 3, column 8 of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2005, 2004, 2003 & 2002 Median Cost Per Day for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.



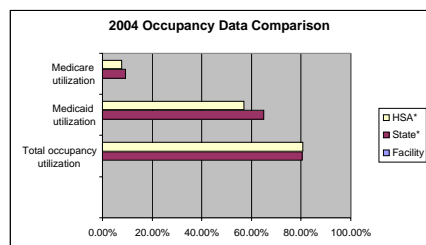
2005

	Your		
	Facility	State*	HSA*
Total occupancy utilization	89.03%	0.00%	0.00%
Medicaid utilization	64.62%	0.00%	0.00%
Medicare utilization	16.14%	0.00%	0.00%
Private pay percent utilization	8.27%	N/A	N/A
Capacity in Patient Days	62,780	N/A	N/A
Census days of service provided	55,896	N/A	N/A



2004

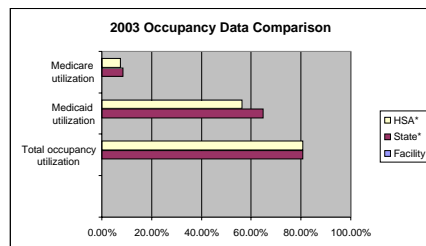
	Your Facility	State*	HSA*
Total occupancy utilization	#DIV/0!	80.50%	80.70%
Medicaid utilization	#DIV/0!	65.00%	57.00%
Medicare utilization	#DIV/0!	9.40%	7.70%
Private pay percent utilization	#DIV/0!	N/A	N/A
Capacity in Patient Days	N/A	N/A	N/A
Census days of service provided	N/A	N/A	N/A



* State and HSA data for 2004 and 2005 is not expected to be available from HFS until March 2006 and 2007 respectively.

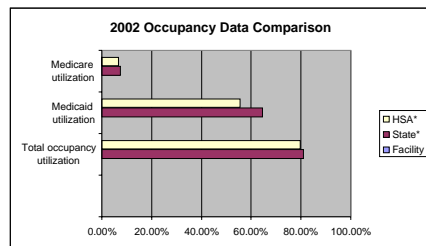
2003

	Your Facility	State*	HSA*
Total occupancy utilization	#DIV/0!	80.80%	80.80%
Medicaid utilization	#DIV/0!	64.80%	56.40%
Medicare utilization	#DIV/0!	8.50%	7.50%
Private pay percent utilization	#DIV/0!	N/A	N/A
Capacity in Patient Days	N/A	N/A	N/A
Census days of service provided	N/A	N/A	N/A



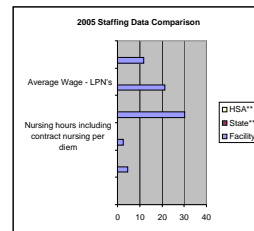
2002

	Your Facility	State*	HSA*
Total occupancy utilization	#DIV/0!	80.90%	79.60%
Medicaid utilization	#DIV/0!	64.50%	55.50%
Medicare utilization	#DIV/0!	7.40%	6.80%
Private pay percent utilization	#DIV/0!	N/A	N/A
Capacity in Patient Days	N/A	N/A	N/A
Census days of service provided	N/A	N/A	N/A

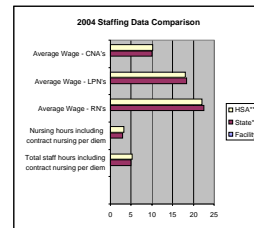


Lexington Health Care Center-Bloomingsdale
Comparative Staffing Data
Year Ending 12/31/05
HSA 1

2005			
Your			
Facility	State**	HSA**	
Total staff hours including contract nursing per diem	4.66	0.00	0.00
Nursing hours including contract nursing per diem	2.54	0.00	0.00
Average Wage - RN's	30.23	0.00	0.00
Average Wage - LPN's	21.19	0.00	0.00
Average Wage - CNA's	11.78	0.00	0.00



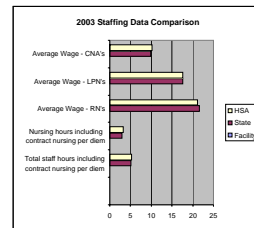
2004			
Your			
Facility	State**	HSA**	
Total staff hours including contract nursing per diem	5.00	5.30	
Nursing hours including contract nursing per diem	3.00	3.20	
Average Wage - RN's	22.54	22.05	
Average Wage - LPN's	18.40	18.02	
Average Wage - CNA's	10.02	10.13	



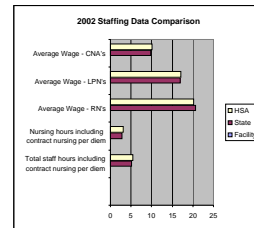
** State and HSA data for 2004 and 2005 is not expected to be available from HFS until March 2006 and 2007 respectively.

Lexington Health Care Center-Bloomingsdale
Comparative Staffing Data
Year Ending 12/31/05
HSA 1

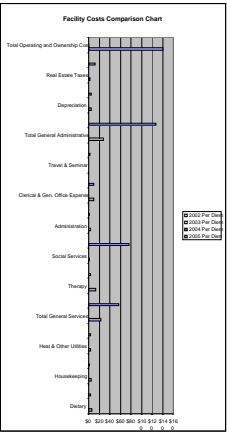
2003			
Your			
Facility	State	HSA	
Total staff hours including contract nursing per diem	5.10	5.30	
Nursing hours including contract nursing per diem	2.90	3.20	
Average Wage - RN's	21.56	21.14	
Average Wage - LPN's	17.64	17.65	
Average Wage - CNA's	9.91	10.11	



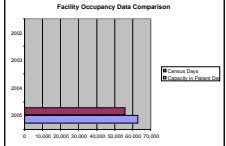
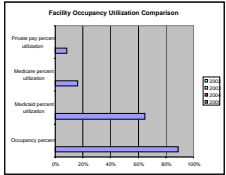
2002			
Your			
Facility	State	HSA	
Total staff hours including contract nursing per diem	5.20	5.50	
Nursing hours including contract nursing per diem	2.80	3.10	
Average Wage - RN's	20.69	20.12	
Average Wage - LPN's	16.89	17.04	
Average Wage - CNA's	9.73	10.05	



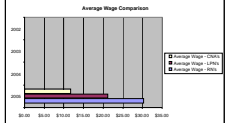
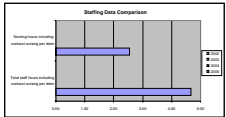
Cost Report Line	Account	Year 2003	Year 2004	Year 2005	Year 2006
		Facility	Facility	Facility	Facility
		2003	2004	2005	2006
		Per Bed	Per Bed	Per Bed	Per Bed
1	Stony	4.03	4500.00	4500.00	4500.00
2	Food Purchase	2.05	4500.00	4500.00	4500.00
3	Housekeeping	4.25	4500.00	4500.00	4500.00
4	Laundry	1.12	4500.00	4500.00	4500.00
5	Heat & Other Utilities	2.87	4500.00	4500.00	4500.00
6	Maintenance	2.84	4500.00	4500.00	4500.00
7	Total General Services	15.16	4500.00	4500.00	4500.00
8	Nursing & Medical Records	56.74	4500.00	4500.00	4500.00
9A	Therapy	12.82	4500.00	4500.00	4500.00
10	Activities	4.88	4500.00	4500.00	4500.00
12	Social Services	1.27	4500.00	4500.00	4500.00
13	Total Health Care & Programs	75.89	4500.00	4500.00	4500.00
17	Administration	2.64	4500.00	4500.00	4500.00
19	Professional Services	1.29	4500.00	4500.00	4500.00
21	Child & Gen. Office Expense	9.19	4500.00	4500.00	4500.00
22	Telephone, Bells & PW Taxes	8.22	4500.00	4500.00	4500.00
24	Travel & Lodging	0.17	4500.00	4500.00	4500.00
26	Insurance-Property, Liability & Malpractice	2.79	4500.00	4500.00	4500.00
28	Total General Administration	27.41	4500.00	4500.00	4500.00
29	Total Operating Expenses	127.32	4500.00	4500.00	4500.00
30	Depreciation	4.78	4500.00	4500.00	4500.00
32	Interest	5.36	4500.00	4500.00	4500.00
33	Real Estate Taxes	2.42	4500.00	4500.00	4500.00
37	Total Ownership	12.56	4500.00	4500.00	4500.00
	Total Operating and Ownership Cost	140.12	4500.00	4500.00	4500.00



	Facility 2003	Facility 2004	Facility 2005	Facility 2006
Occupancy percent	88.00%	85.00%	85.00%	85.00%
Medicaid percent utilization	64.62%	85.00%	85.00%	85.00%
Medicare percent utilization	56.14%	85.00%	85.00%	85.00%
Private pay percent utilization	62.75%	85.00%	85.00%	85.00%
Capacity in Patient Days	62,780	0	0	0
Census Days	62,386	0	0	0



	Facility 2003	Facility 2004	Facility 2005	Facility 2006
Total staff hours including contract nursing per day	4.86	0.00	0.00	0.00
Nursing hours including contract nursing per day	2.50	0.00	0.00	0.00
Average Wage - BNY	\$6.28	0.00	0.00	0.00
Average Wage - LEPN	\$7.19	0.00	0.00	0.00
Average Wage - CHS	11.28	0.00	0.00	0.00



	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	282,739	27,687	26,357	336,783	0	336,783	0	336,783
2. Food Purchase	0	230,453	0	230,453	0	230,453	-9,678	220,775
3. Housekeeping	209,686	27,815	0	237,501	0	237,501	241	237,742
4. Laundry	69,740	16,901	0	86,641	0	86,641	-1,478	85,163
5. Heat and Other Utilities	0	0	212,435	212,435	0	212,435	3,816	216,251
6. Maintenance	25,412	0	150,114	175,526	0	175,526	38,891	214,417
7. Other (specify)*	0	0	0	0	0	0	3,923	3,923
8. Total General Services	587,577	302,856	388,906	1,279,339	0	1,279,339	35,715	1,315,054
9. Medical Director	0	0	750	750	0	750	0	750
10. Nursing & Medical Records	2,594,515	204,817	295,869	3,095,201	0	3,095,201	67,378	3,162,579
10a. Therapy	0	0	771,707	771,707	0	771,707	0	771,707
11. Activities	209,796	14,184	4,437	228,417	0	228,417	0	228,417
12. Social Services	65,966	0	4,920	70,886	0	70,886	0	70,886
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	7,494	7,494
16. Total Health Care & Programs	2,870,277	219,001	1,077,683	4,166,961	0	4,166,961	74,872	4,241,833
17. Administrative	119,693	0	803,986	923,679	0	923,679	-725,843	197,836
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	69,721	69,721	0	69,721	2,649	72,370
20. Fees, Subscriptions & Promotion	0	0	40,893	40,893	0	40,893	1,436	42,329
21. Clerical & General Office	224,114	25,428	22,677	272,219	0	272,219	241,649	513,868
22. Employee Benefits & Payroll	0	0	500,291	500,291	0	500,291	9,678	509,969
23. Inservice Training & Education	0	0	4,553	4,553	0	4,553	0	4,553
24. Travel and Seminar	0	0	7,058	7,058	0	7,058	2,594	9,652
25. Other Admin. Staff Trans	0	0	10,138	10,138	0	10,138	9,180	19,318
26. Insurance-Prop.Liab.Malpractice	0	0	152,480	152,480	0	152,480	3,209	155,689
27. Other (specify)*	0	0	0	0	0	0	34,486	34,486
28. Total General Adminis	343,807	25,428	1,611,797	1,981,032	0	1,981,032	-420,962	1,560,070
29. Total General Administrative	3,801,661	547,285	3,078,386	7,427,332	0	7,427,332	-310,375	7,116,957
30. Depreciation	0	0	93,257	93,257	0	93,257	174,142	267,399
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	23,464	23,464	0	23,464	272,797	296,261
33. Real Estate	0	0	0	0	0	0	136,014	136,014
34. Rent - Facility & Grounds	0	0	1,093,757	1,093,757	0	1,093,757	-1,090,971	2,786
35. Rent - Equipment & Vehicles	0	0	5,380	5,380	0	5,380	1,942	7,322
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,215,858	1,215,858	0	1,215,858	-506,076	709,782
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	236,780	3,440	240,220	0	240,220	0	240,220
40. Barber and Beauty Shop	0	0	19,236	19,236	0	19,236	0	19,236
41. Coffee and Gift Shops	0	0	1,516	1,516	0	1,516	0	1,516
42. Provider Participation	0	0	94,170	94,170	0	94,170	0	94,170
43. Other (specify):*	0	0	219,470	219,470	0	219,470	-219,470	0
44. Total Special Cost Ce	0	236,780	337,832	574,612	0	574,612	-219,470	355,142
45. Grand Total	3,801,661	784,065	4,632,076	9,217,802	0	9,217,802	-1,035,921	8,181,881

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	368,222	414,356
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Receivable	1,188,744	1,188,744
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	20,136	20,136
7. Other Prepaid Expenses	25,065	25,065
8. Accounts Receivable-Owner/Related Party	0	107
9. Other (specify):	0	0
10. Total current assets	1,602,167	1,648,408
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	56,645	56,645
13. Land	0	416,126
14. Buildings, at Historical Cost	0	5,182,731
15. Leasehold Improvements, Historical Cost	923,940	1,133,121
16. Equipment, at Historical Cost	508,448	1,074,557
17. Accumulated Depreciation (book methods)	-495,146	-3,160,712
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	398	398
23. other (specify):	0	72,772
24. Total Long-Term Assets	994,285	4,775,638
25. Total Assets	2,596,452	6,424,046
CURRENT LIABILITIES		
26. Accounts Payable	310,087	310,087
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	375,000	375,000
30. Accrued Salaries Payable	183,825	183,825
31. Accrued Taxes Payable	7,200	7,200
32. Accrued Real Estate Taxes	0	140,100
33. Accrued Interest Payable	0	18,053
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	370,573	263,191
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	1,246,685	1,297,456
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	4,170,000
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	81,343
45. Total Long-Term Liabilities	0	4,251,343
46. Total Liabilities	1,246,685	5,548,799
47. Total Equity	1,349,767	875,247
48. Total Liabilities and Equity	2,596,452	6,424,046

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	8,835,073
2. Discounts and Allowances for all Levels	-869,265
Subtotal - Inpatient Care	7,965,808
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,212,029
7. Oxygen	4,984
Subtotal - Ancillary Revenue	1,217,013
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	1,694
13. Barber and Beauty Care	23,605
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	14
16. Rental of Facility Space	0
17. Sale of Drugs	436,530
18. Sale of Supplies to Non-Patients	0
19. Laboratory	26,672
20. Radiology and X-Ray	17,180
21. Other Medical Services	184,959
22. Laundry	1,478
Subtotal - Other Operating Revenue	692,132
24. Contributions	0
25. Interest and Other Investments Income	122
Subtotal - Non-Operating Revenue	122
27. Other Revenue (specify):	2,339
28. Other Revenue (specify):	0
Subtotal - Other Revenue	2,339
30. Total Revenue	9,877,414
31. General Services	1,279,339
32. Health Care	4,166,961
33. General Administration	1,981,032
34. Ownership	1,215,858
35. Special Cost Centers	480,442
35. Provider Participation Fee	94,170
37. Other	0
40. Total Expenses	9,217,802
41. Income Before Income Taxes	659,612
42. Income Taxes	0
43. Net Income or Loss for the Year	659,612

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LTC Median Per Diem Cost by HSA - 2005 Cost Reports
2005 (Run June 1, 2004)

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Cost	
Report	
<u>Line</u>	<u>Description</u>
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	TOTAL HEALTH CARE & PROGRAMS
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	TOTAL GENERAL ADMINISTRATIVE
29	TOTAL OPERATING EXPENSES
32	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OPERATING
	TOTAL OPERATING & OWNERSHIP COST

State-Wide

State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
	1	2	3	4	5	6	7	8	9	10	11

LTC Median Per Diem Cost by HSA - 2004 Cost Reports
2004 (Run June 1, 2004)

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Lexington Health
Care
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Bloomington
2004
Census

Cost	
Report	
<u>Line</u>	<u>Description</u>
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
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29	TOTAL OPERATING EXPENSES
32	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OPERATING
	TOTAL OPERATING & OWNERSHIP COST

IDPA LTC Profiles
LTC Median Per Diem Cost by HSA - 2003 Cost Reports
2003 (Run June 1, 2004)

UN-INFLATED

Cost Report Line	Description	State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	10th %	90th %
1	Dietary	6.10	7.02	6.48	5.50	6.48	5.48	6.06	6.06	6.06	5.60	7.02	5.70	4.13	9.81
2	Food Purchase	4.31	4.47	4.40	4.27	4.40	3.99	4.31	4.31	4.31	4.28	4.47	4.11	3.36	6.04
3	Housekeeping	3.70	3.59	3.68	2.91	3.68	3.40	4.05	4.05	4.05	3.97	3.59	3.61	2.48	5.80
4	Laundry	1.85	2.23	1.90	1.79	1.90	2.10	1.59	1.59	1.59	1.69	2.23	2.13	0.91	3.14
5	Heat & Other Utilities	2.95	3.17	2.93	2.94	2.93	2.71	2.93	2.93	2.93	2.91	3.17	2.95	2.05	4.25
6	Maintenance	3.01	3.26	3.03	2.99	3.03	2.55	3.21	3.21	3.21	3.05	3.26	2.82	1.92	5.12
8	TOTAL GENERAL SERVICES	22.58	24.49	22.99	21.14	22.99	21.47	22.65	22.65	22.65	22.45	24.49	21.73	17.57	31.51
10	Nursing & Medical Records	41.83	42.52	43.12	38.37	43.12	33.78	45.12	45.12	45.12	47.22	42.52	42.15	27.25	64.47
10A	Therapy	2.10	1.86	2.69	3.34	2.69	3.47	1.45	1.45	1.45	2.41	1.86	2.24	-	10.55
11	Activities	1.91	2.18	1.92	1.61	1.92	1.48	2.16	2.16	2.16	2.05	2.18	1.54	1.06	3.45
12	Social Services	1.42	1.45	1.64	1.05	1.64	1.09	1.60	1.60	1.60	1.12	1.45	1.27	0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	49.48	50.39	51.22	46.39	51.22	41.58	52.34	52.34	52.34	54.96	50.39	49.49	32.10	77.23
17	Administration	3.36	3.33	3.15	3.15	3.15	3.60	3.46	3.46	3.46	3.04	3.33	3.17	1.71	7.21
19	Professional Services	0.99	1.09	0.85	0.83	0.85	0.76	1.12	1.12	1.12	1.13	1.09	0.77	0.07	3.44
21	Clerical & Gen. Office Expense	4.79	4.32	4.97	3.98	4.97	3.46	5.56	5.56	5.56	5.04	4.32	4.25	2.49	10.78
22	Employee Benefits & PR Taxes	10.09	10.42	11.01	8.88	11.01	7.67	10.51	10.51	10.51	11.38	10.42	9.08	6.33	19.34
24	Travel & Seminar	0.08	0.10	0.13	0.10	0.13	0.13	0.06	0.06	0.06	0.05	0.10	0.07	-	0.43
26	Insurance-Property, liability & Malpractice	2.58	2.47	2.55	2.35	2.55	2.22	2.85	2.85	2.85	2.19	2.47	2.61	0.88	4.32
28	TOTAL GENERAL ADMINISTRATIVE	24.94	25.31	26.11	23.02	26.11	21.37	25.81	25.81	25.81	26.59	25.31	22.93	16.95	39.14
29	TOTAL OPERATING EXPENSES	98.06	100.77	100.03	92.47	100.03	88.05	100.96	100.96	100.96	103.01	100.77	94.71	69.40	142.56
30	Depreciation	3.70	3.82	4.08	3.29	4.08	2.54	4.11	4.11	4.11	3.54	3.82	3.38	1.01	8.43
32	Interest	2.54	2.81	1.96	2.09	1.96	1.41	4.05	4.05	4.05	2.63	2.81	1.50	-	11.53
33	Real Estate Taxes	1.38	0.92	1.08	0.82	1.08	0.80	3.20	3.20	3.20	1.36	0.92	1.11	-	4.85
37	TOTAL OWNERSHIP	11.11	9.73	9.80	8.00	9.80	7.04	14.54	14.54	14.54	11.02	9.73	8.39	3.76	23.58
	TOTAL OPERATING & OWNERSHIP COST	109.17	110.50	109.83	100.47	109.83	95.09	115.50	115.50	115.50	114.03	110.50	103.10	73.16	166.14

Average Wage Data Table

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	
Total staff hours including contract nurses per diem	5.10	5.30	5.30	5.00	5.30	5.10	4.90	4.90	4.90	5.10	5.30	5.30
Nursing hours including contract nurses per diem	2.90	3.20	3.10	3.10	3.10	3.00	2.70	2.70	2.70	3.00	3.20	3.10
RN	21.56	21.14	19.99	18.79	19.99	16.66	24.55	24.55	24.55	22.85	21.14	20.33
LPN	17.64	17.65	16.41	14.79	16.41	13.36	20.23	20.23	20.23	18.67	17.65	16.45
CNA	9.91	10.11	9.89	9.19	9.89	8.28	10.44	10.44	10.44	10.54	10.11	9.76
DON	27.82	26.67	24.49	23.07	24.49	20.82	33.29	33.29	33.29	29.65	26.67	24.62
ADON	24.39	22.67	21.12	19.67	21.12	18.73	27.45	27.45	27.45	26.14	22.67	22.50

2003 - Staffing and Occupancy Data

	State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
		1	2	3	4	5	6	7	8	9	10	11
Average Occupancy	80.80%	80.80%	80.60%	79.90%	80.60%	75.20%	82.00%	82.00%	82.00%	81.60%	80.80%	77.30%
Medicaid Utilization	64.80%	56.40%	57.70%	59.60%	57.70%	62.80%	70.00%	70.00%	70.00%	64.30%	56.40%	59.30%
Medicare Utilization	8.50%	7.50%	7.50%	7.70%	7.50%	8.70%	9.10%	9.10%	9.10%	9.30%	7.50%	8.00%

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2003 Costs

2003
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Cost Report Line	Description	10th %	90th %
1	Dietary	4.13	9.81
2	Food Purchase	3.36	6.04
3	Housekeeping	2.48	5.80
4	Laundry	0.91	3.14
5	Heat & Other Utilities	2.05	4.25
6	Maintenance	1.92	5.12
8	TOTAL GENERAL SERVICES	17.57	31.51
10	Nursing & Medical Records	27.25	64.47
10A	Therapy	-	10.55
11	Activities	1.06	3.45
12	Social Services	0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	32.10	77.23
17	Administration	1.71	7.21
19	Professional Services	0.07	3.44
21	Clerical & Gen. Office Expense	2.49	10.78
22	Employee Benefits & PR Taxes	6.33	19.34
24	Travel & Seminar	-	0.43
26	Insurance-Property, liability & Malpractice	0.88	4.32
28	TOTAL GENERAL ADMINISTRATIVE	16.95	39.14
29	TOTAL OPERATING EXPENSES	69.40	142.56
30	Depreciation	1.01	8.43
32	Interest	-	11.53
33	Real Estate Taxes	-	4.85
37	TOTAL OWNERSHIP	3.76	23.58
	TOTAL OPERATING & OWNERSHIP COST	73.16	166.14

IDPA LTC Profiles
LTC Median Per Diem Cost by HSA - 2002 Cost Reports
2002 (Run June 1, 2004)

UN-INFLATED

Cost Report	State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	10th %	90th %
Line	Description	1	2	3	4	5	6	7	8	9	10	11		
1	Dietary	6.01	7.28	6.51	5.36	6.51	5.48	5.92	5.92	5.83	7.28	5.60	4.17	9.77
2	Food Purchase	4.27	4.52	4.40	4.15	4.40	3.99	4.31	4.31	4.31	4.11	4.52	3.29	5.90
3	Housekeeping	3.65	3.84	3.56	3.05	3.56	3.25	4.13	4.13	3.89	3.84	3.48	2.51	5.63
4	Laundry	1.90	2.15	2.01	1.72	2.01	2.09	1.67	1.67	1.58	2.15	2.23	1.10	3.13
5	Heat & Other Utilities	2.71	2.84	2.76	2.75	2.76	2.54	2.67	2.67	2.72	2.84	2.73	1.89	4.03
6	Maintenance	2.99	3.41	2.96	2.91	2.96	2.48	3.16	3.16	2.90	3.41	2.92	1.95	5.11
8	TOTAL GENERAL SERVICES	22.09	24.39	22.49	20.85	22.49	20.47	22.71	22.71	22.66	24.39	22.04	17.19	30.80
10	Nursing & Medical Records	40.68	42.79	42.10	37.44	42.10	33.35	43.96	43.96	43.84	42.79	41.16	26.11	62.04
10A	Therapy	1.85	1.90	2.38	2.86	2.38	1.81	1.54	1.54	3.02	1.90	2.27	-	10.03
11	Activities	1.88	2.12	1.89	1.50	1.89	1.37	2.23	2.23	2.10	2.12	1.60	1.13	3.39
12	Social Services	1.44	1.46	1.50	1.08	1.50	1.13	1.61	1.61	1.32	1.46	1.32	0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	47.55	50.19	49.32	44.36	49.32	39.56	50.57	50.57	52.75	50.19	47.76	31.31	74.79
17	Administration	3.39	3.49	3.30	3.27	3.30	3.61	3.39	3.39	3.20	3.49	3.54	1.65	6.84
19	Professional Services	0.98	1.00	0.76	0.88	0.76	0.98	1.05	1.05	1.05	1.19	1.00	0.07	2.93
21	Clerical & Gen. Office Expense	4.58	4.07	4.40	3.67	4.40	3.47	5.75	5.75	4.19	4.07	4.31	2.36	10.72
22	Employee Benefits & PR Taxes	9.63	10.11	10.26	8.28	10.26	7.80	10.26	10.26	9.30	10.11	8.44	6.22	17.51
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.16	0.06	0.06	0.03	0.12	0.09	-	0.37
26	Insurance-Property, liability & Malpractice	2.19	1.93	1.97	1.87	1.97	2.00	2.46	2.46	2.40	1.93	2.03	0.83	3.92
28	TOTAL GENERAL ADMINISTRATIVE	23.47	23.64	24.80	21.32	24.80	20.28	25.17	25.17	23.10	23.64	21.93	16.13	36.02
29	TOTAL OPERATING EXPENSES	94.39	99.26	97.46	85.50	97.46	82.47	99.35	99.35	97.86	99.26	91.33	67.15	138.58
30	Depreciation	3.53	3.13	3.86	3.26	3.86	2.41	4.18	4.18	3.94	3.13	3.04	0.73	8.09
32	Interest	2.73	2.84	2.05	2.60	2.05	1.55	4.55	4.55	2.14	2.84	1.54	-	12.86
33	Real Estate Taxes	1.30	0.77	0.88	0.93	0.88	0.72	3.17	3.17	1.29	0.77	1.03	-	5.05
37	TOTAL OWNERSHIP	11.44	9.19	9.85	8.76	9.85	6.52	15.35	15.35	11.40	9.19	10.00	3.55	24.50
	TOTAL OPERATING & OWNERSHIP COST	105.83	108.45	107.31	94.26	107.31	88.99	114.70	114.70	109.26	108.45	101.30	70.70	163.08

Cost Report	2002 Costs	2002 Census
Line	Description	
1	Dietary	
2	Food Purchase	
3	Housekeeping	
4	Laundry	
5	Heat & Other Utilities	
6	Maintenance	
8	TOTAL GENERAL SERVICES	
10	Nursing & Medical Records	
10A	Therapy	
11	Activities	
12	Social Services	
16	TOTAL HEALTH CARE & PROGRAMS	
17	Administration	
19	Professional Services	
21	Clerical & Gen. Office Expense	
22	Employee Benefits & PR Taxes	
24	Travel & Seminar	
26	Insurance-Property, liability & Malpractice	
28	TOTAL GENERAL ADMINISTRATIVE	
29	TOTAL OPERATING EXPENSES	
30	Depreciation	
32	Interest	
33	Real Estate Taxes	
37	TOTAL OWNERSHIP	
	TOTAL OPERATING & OWNERSHIP COST	

2002 - Average Wage Data Table

State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
	1	2	3	4	5	6	7	8	9	10	11
Total staff hours including contract nursing per diem	5.20	5.50	5.40	5.00	5.40	5.10	5.00	5.00	4.90	5.50	5.30
Nursing hours including contract nurses per diem	2.80	3.10	3.10	3.00	3.10	2.90	2.60	2.60	2.60	3.10	3.00
RN	20.69	20.12	19.18	18.37	19.18	16.06	23.49	23.49	23.49	21.31	19.45
LPN	16.89	17.04	15.72	14.33	15.72	12.75	19.39	19.39	19.39	17.96	15.69
CNA	9.73	10.05	9.65	9.09	9.65	8.08	10.28	10.28	10.28	10.39	10.05
DON	26.38	24.75	22.98	22.48	22.98	20.02	31.78	31.78	31.78	28.56	23.68
ADON	23.27	21.44	20.51	18.93	20.51	17.26	26.34	26.34	26.34	24.33	21.27

2002 - Staffing and Occupancy Data

State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
	1	2	3	4	5	6	7	8	9	10	11
Average Occupancy	80.90%	79.60%	81.90%	80.30%	81.90%	75.30%	82.20%	82.20%	82.20%	79.60%	76.60%
Medicaid Utilization	64.50%	55.50%	56.10%	58.50%	56.10%	63.30%	69.90%	69.90%	66.70%	55.50%	60.90%
Medicare Utilization	7.40%	6.80%	7.20%	6.10%	7.20%	7.40%	7.70%	7.70%	8.20%	6.80%	7.00%